FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000064134

EXPENSE REDUCTION TWO, INC.

Principal Place of Business

Mailing Address

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90160 029 ***150.00



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830 NE 73RD S' BOCA RATON F											
DUCA NATUN F	L 33407	DOOR BRICH IL SONO?					DO NOT WRI	TE IN THIS S	SPACE		
						3. Date Incorpora	ited or Qualifed				
						07/20/1998					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	7000			Applied	
216920	ANNAPOLIS COURT	26 6920 ANNAPUL	.15 C	10UK	<i>र</i>	63-083	1087				plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certifcate of S	tatus Desired			5 Addi	
22		27				J. 05.215415 5. 5			Fee	Requir	ed
City & State		City & State	= (6. Election Camp	-			00 May	
23 PARKLA	JWD, FL	28 17/12/100				Trust Fund Co				ed to Fe	ees
Zip Country Zip Country 2ip Country 2ip 33067 30				B. This corporation of the deficit year many					ngible □ Yes	22 }1	No
24 //00	9. Name and Address of Current	120 - /				10. Name and Ad		tegistered A	gent		
	3. Name and Address of Content	registered Agent	81	Nan	ne						
RON	DER, VICTOR J		82								
830 NE 73RD ST.					et Addres 120	SS (P.O. Box Number ANNAPOL	er is Not Accepta	e 7			
	A RATON FL 33487		83		,,,,,	71107511100		-,			
500	14(0)(12 0010)										
			84	City	PARK	LAND		FL	85 7	in Code	£7
44 Disease	to the annuisions of Scotiona 607 0602	and 607 1508 Florida Statutes 1	Ma above	e-nam	ed corno	ration submits this s	tatement for the		hanging	its rea	istered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was autho	zed by	the co	orporation	s board of directors	s. I hereby accep	ot the appoin	tment as	s registe	ered
agent. I a	m familiar with, and accept the obligation	ons of, Section 6177.0505, Florida	Statutes	i.			,,,	1-10	Q		
SIGNATURE	VICTOR J. ROWDER Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Reg	stered Aper	nt signati	ure required	when reinstating)		DATE			_
12.	OFFICERS AND		13.				ANGES TO OF	FICERS ANI	D DIREC	CTORS	IN 12
TITLE		☐ DELETE	1.1 TITLE		PT	· - ·			☐ Chan		Addition
NAME			1.2 NAME			JOR J. R					
STREET ADDRESS			1.3 STREE	T ADDRE	ss 69:	20 ANNAPO	ills covi	et			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	PAF	RKLAND,	FL 33.	067			
TITLE	<u> </u>	☐ DELETE	2.1 TITLE		5	•		•	Chan	ge P	Addition
NAME			2.2 NAME		TIM	VA G. RON	OER				
STREET ADDRESS			2.3 STREE	TADORE	ss 69	20 ANNAP	ous covi	eT			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	PA	RK-LAND,	FL-330)67 ~			
TITLE		☐ DELETE	3.1 TITLE		1				☐ Chan	ige [Addition
NAME			3.2 NAME								
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TITLE		☐ DELETE	4.1 TITLE						☐ Chan	ige [Addition
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CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		+			•	☐ Chan	nge (Addition
		<u> </u>	6.2 NAME								
NAME			6.3 STREE	T ADDRE	ESS						
STREET ADDRESS		1									

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.